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Effectiveness of homoeopathy in trapezitis: A systematic review of research findings

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Abstract
Background: Trapezitis is an inflammatory condition of the trapezius muscle and its prevalence is high in recent days. It is represented by pain, stiffness, and movement restriction. This condition is due to poor posture, prolonged muscle strain, or repetitive stress. Homeopathic remedies such as Cimicifuga racemosa, Rhododendron chrysanthum, Rhustoxicodendron, Lachnanthus Tinctoria, Guaiacum officinale and many more are widely used in managing musculoskeletal conditions according to individualization of the patient. However a preliminary search reveals a limited or lack of studies specifically addressing trapezitis in homoeopathy. In order to assess all the material this review looks at earlier literature.
Methods: A systematic search was conducted in PubMed, Google scholar, Researchgate and Scopus From1999 to 2024. Inclusion criteria are, article which includes trapezitis and chronic neck pain,prevalence rate of trapezitis,article with English language,article with full text, invitro and *in vivo* studies are also included.
Results: From the 18 articles reviewed 4 dealt with homeopathy which included 3 *in vitro* studies and 1 *in vivo* study regarding anti-inflammatory effects. None of the clinical studies conducted trapezitis. The other 14 articles from other systems of medicine provided supporting modalities such as exercises, massage, and drugs but there is no clinical support for the treatment of homeopathy for trapezitis is the main gap of this study.
Conclusion: Homeopathy has shown potential for managing inflammation in *in vitro* and*in vivo* studies. Nevertheless, the lack of clinical research specific to trapezitis highlights significant gap. More studies are required to prove that homeopathic remedies are an effective approach to this condition.

Keywords: Trapezitis, homoeopathy, complementary therapies, systematic review

Introductions

The trapezius muscle is a flat, triangular shaped muscle located on the back of the neck and upper back region, it is also referred to as a postural muscle. It is extremely prone to pain and inflammation as a result of prolonged, unnatural postures because of overuse [1]. According to population-based research, between 67% to 87% of people will have neck pain in their lives [2].

1.1 Anatomy of Trapezius Muscle

It is a flat triangular muscle on the back of the neck and upper thorax.

1.1.1 Origin

1. Medial third of the superior nuchal line. 2. External occipital protuberance.3. Ligamentum nuchae. 4. Spine of 7th cervical vertebra.5. Spines of all thoracic vertebrae.

1.1.2 Insertion

It consists of 3 fibres

- **Superior fibres:** Runs downwards and laterally and inserted into posterior border of lateral 3rd of clavicle.
- **Middle fibres:** Runs horizontally inserted into the medial margin of the acromion and upper lip of crest of spine of scapula
- **Lower fibres:** Runs upward and laterally and inserted into deltoid tubercle [3].

1.2 Definition, Causes, and Symptoms of Trapezitis

1.2.1 Definition: Trapezius muscle inflammation is known as trapezitis. The pain persists even when at rest and gets worse when you move [4].

1.2.2 Causes: Stress, tension, repeated motions, bad posture, prolonged head bending, using a thick pillow, tight pectoral major muscles, and severe neck spasms are the main causes of trapezitis. Based on the length of time it began [5].

1.2.3 Symptoms: A subjective sensation of stiffness brought on by neck pain and limited movement eventually exacerbates pain and causes muscular spasms and an increase in soft tissue tightness, creating a violent cycle of pain and spasm [2].
Three types of pain are acute, subacute, and chronic are present. Subacute pain is defined as pain that lasts between 22 and 84 days, or roughly three months [5]. Less than 22 days considered as acute and more than 3 months considered as chronic.

2. Methodology

2.1 Search engines and databases

PubMed, Google scholar, Researchgate, Scopus.

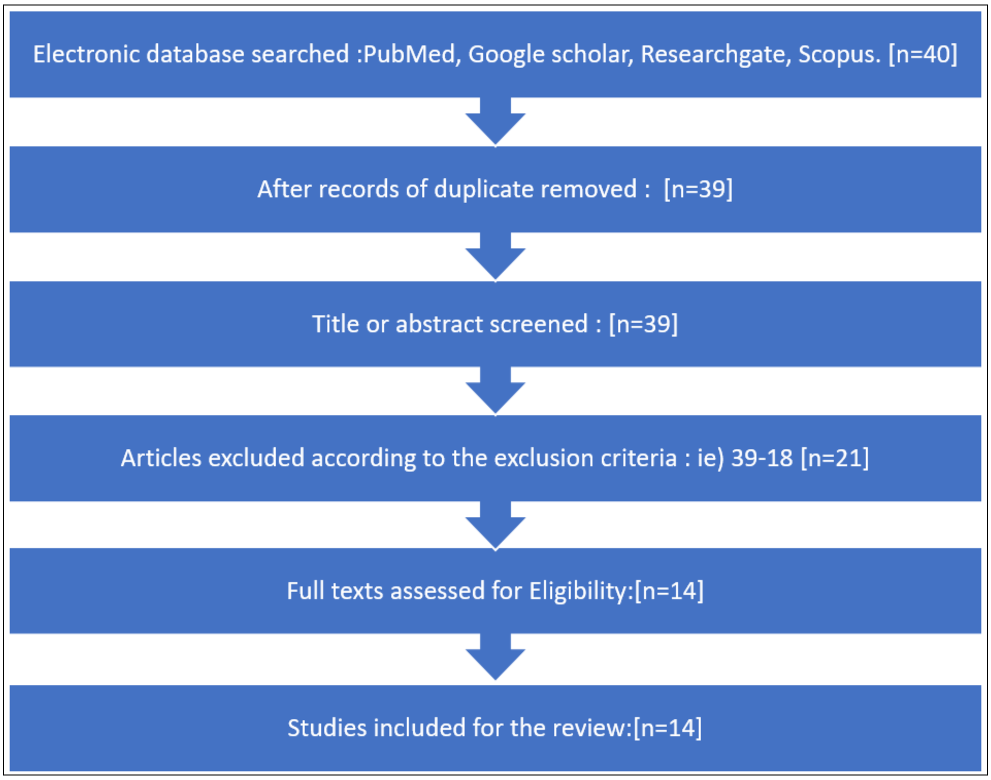
2.2 Inclusion criteria

1. Article which includes trapezitis and chronic neck pain.
2. Article which includes prevalence rate of trapezitis.
3. Article published between the years of 1999 - 2024
4. Article with English language.
5. Article with full text.

2.3 Exclusion Criteria

1. Article were published before 1999.
2. Article which mention any recent undergone surgery or with other systematic diseases.
3. Article which are in high risk of bias.
4. Paper published in language except English.

2.4 Data extraction and analysis



3. Various article studies

3.1 Homoeopathic Studies: (Table no 1)

Table 1: Homoeopathic studies

Title and year	Author and journal name	Methodology	Result
1.Aqueous Extracts of Cimicifuga Racemosa and Phenolcarboxylic Constituents Inhibit Production of Proinflammatory Cytokines in LPS-Stimulated Human Whole Blood (2009) [6]	Diethart Schmid, Florian Woehs, Martin Svoboda, Theresia Thalhammer, Peter Chiba, and Thomas Moeslinger. -Canadian Journal of Physiology and Pharmacology (Can. J. Physiol. Pharmacol.)	A study on Cimicifuga racemosa (black cohosh) root extract (CRE) found that at concentrations of 3 mg/mL and 6 mg/mL, it reduced the release of proinflammatory cytokines IL-6, TNF-α, and IFN-γ in LPS-stimulated whole blood from healthy volunteers. These effects were concentration- and time-dependent, as confirmed by qRT-PCR analysis. Isoferulic acid, a phenolcarboxylic compound present in	A study on Cimicifuga racemosa (black cohosh) root extract (CRE) demonstrated its potent anti-inflammatory effects. CRE reduced the release of proinflammatory cytokines IL-6 and TNF-α in a dose-dependent manner and nearly completely inhibited IFN-γ secretion. However, it enhanced IL-8 secretion, suggesting a complex modulation of immune responses. Isoferulic acid was identified as the primary active compound responsible for

		CRE, was identified as the primary active principle responsible for inhibiting IL-6, TNF-α, and IFN-γ release. However, IL-8 secretion was stimulated by CRE. These findings suggest that CRE and its constituents may have potential therapeutic applications in inflammatory conditions.	inhibiting IL-6, TNF-α, and IFN-γ release, while triterpene glycosides like 23-epi-26-deoxyactein and cimigenol-3-O-xyloside had negligible effects on cytokine inhibition. These findings highlight the potential of CRE and its constituents in managing inflammatory conditions.
2.The Genus Rhododendron: An Ethnopharmacological and Toxicological Review - 2013 [7]	Ruxandra Popescu, Brigitte Kopp -Journal of Ethnopharmacology	An overview of traditional uses, pharmaceutics, and toxicology of Rhododendron species were taken including rhododendron chrysanthum. Studies were extracted from electronic databases (SciFinder, PubMed, Google Scholar) and library sources (1898 to 2012). Taxonomic databases (The Plant List, Tropicos, eFloras, Flora Iberica, and Flora Europaea) were used to validate traditional uses. The studies were ones reporting*in vivo* and *in vitro* biological activities, including anti-inflammatory, analgesic, antimicrobial, anti-diabetic, insecticidal, and cytotoxic effects.	Traditional Uses: Various species of Rhododendron including R.chrysanthum have been used in traditional medicine practices across Asia, Europe, and North America for their potential to treat inflammation, pain, respiratory disorders, skin conditions, and gastrointestinal issues. Rhododendron species, including *R. chrysanthum*, are used in traditional medicine across Asia, Europe, and North America for treating inflammation, pain, respiratory issues, skin conditions, and gastrointestinal problems. Pharmacological studies confirm their anti-inflammatory, analgesic, antimicrobial, antioxidant, and anti-diabetic properties. However, some species contain grayanotoxins, which can cause poisoning in humans and animals, especially through honey or medicinal preparations. These toxins affect voltage-gated sodium channels, leading to symptoms such as dizziness, nausea, hypotension, and, in severe cases, shock or death. The therapeutic effects of Rhododendron are attributed to bioactive compounds like phenolic substances, flavonoids, and diterpenes.
3.Anti-inflammatory effects of Arnica montana (mother tincture and homeopathic dilutions) in various cell models-2024 [8].	Justine Verre, Marie Boisson, Anne Paumier, Sandra Tribolo, Naoual Boujedaini -Journal of Ethnopharmacology	This study investigated the anti-inflammatory effects of Arnica montana (mother tincture and homoeopathic dilutions: 1C, 3C, 5C and 9C) in various human and murine cell culture models. Among the inflammatory markers studied were TNF-α, IL-6, COX-2, MCP-1, ICAM-1, and ROS. To investigate the possibility of wound healing, a cell migration assay was conducted. Quantification of Inflammatory Markers using ELISA and Fluorescence Techniques	The arnica montana mother tincture and 1C dilution both reduced TNF-α, IL-6, and MCP-1 levels in inflamed macrophages and microglia. This was accompanied by a decrease in murine fibroblast expression of the proinflammatory modulator COX-2. Injured endothelial cells had significantly decreased ICAM-1 expression, verifying its role as a decrease in cell adhesion and inflammation. A study *in vitro* showed that a 9C dilution of Arnica montana increased fibroblast migration, indicating its potential for wound healing. All the dilutions of Arnica montana significantly reduced ROS generation, confirming its antioxidant activity.
4.*In vivo* Study of the Anti-Inflammatory Effect of Rhus Toxicodendron - 2007[9]	AL dos Santos, FF Perazzo,LGV Cardoso,JCT Carvalho. -Homeopathy	The research was designed to evaluate the anti-inflammatory effects of Rhus toxicodendron (Rhus tox) on Wistar rats and mice by using various dilutions (6C, 12C, 30C, and 200C). Several preclinical trials were performed: The rat paw oedema model was used (which was induced by carrageenan and dextran). The mouse ear erythema model was used (which was induced by croton oil). The vascular permeability test was conducted as well (in response to histamine). The writhing test in mice was located near the Muscle (to measure analgesic effects).	Rhus tox 6C was found to produce the most conspicuous anti-inflammatory response. Carrageenan-induced paw oedema: All the dilutions of Rhus tox (6C) reduced inflammation, with 6C achieving the highest effect (53% decrease). Dextran-induced oedema: The single dose of Rhus tox 6C reduced inflammation by 57%, while the pretreatment was less effective. Mouse ear erythema test: The results of pre-treating with 6C were significantly better, 54% reduction in inflammation was reported ever for mice. Vascular permeability test: Rhus tox had no significant inhibitory effect on histamine-induced permeability.

		Stress-induced gastric lesion test (assessment of gastroprotective effects) was also included. Controls: Succussed ethanol (placebo), indomethacin (anti-inflammatory drug), cyproheptadine (anti-histamine), and cimetidine (anti-ulcer drug). Data analysis: ANOVA with Tukey-Kramer test, considering $p<0.05$ sets a significance level.	Writhing test (analgesic effect): As revealed by the study, 6C decreased pain symptoms by 56%, which was similar to the effect of indomethacin. Stress-induced gastric lesions: Under pretreatment conditions, 6C decreased methylcholanthrene (MC)-mediated lesion formation by 36%, whereas under single dose conditions, 6C exerted no effect.

3.2 Alternative Medicine Studies [Other than Homoeopathy]: (Table no 2)

Table 2: Alternative Medicine Studies [Other Than Homoeopathy]

Title and year	Author and journal name	Population and type of study	Intervention	Result
1.Effects of Lower Trapezius Strengthening Exercises on Pain, Dysfunction, Posture Alignment, Muscle Thickness and Contraction Rate in Patients with Neck Pain; Randomized Controlled Trial-2020[10]	-Sam-Ho Park, Myung-Mo Lee. -Medical science monitor.	-40 -Randomised controlled trial	control Group -Scapula and thoracic stabilization exercise program. Experimental group- Scapula and thoracic stabilization exercise program and additional lower trapezius strengthening exercise.	Both groups are done with scapula and thoracic stabilization exercise program and the experimental group done with additional lower trapezius strengthening exercise.
2.Prevalence and Risk of Trapezitis in Beauticians and Hairdressers: An Observational Study - 2023 [1]	-Gayathri, G. Deeksha, R. Ganavi, Glenn Lemuel. -Journal of medical research and reviews	-165 -Observational study	The study surveyed with 165 persons are selected. Neck Disability Index (NDI),Rapid Upper Limb Assessment (RULA), and Visual Analogue Scale (VAS) are taken and analysed.	Out of 165 -39.4 experienced past month neck pain. NDI shows 96.4 percent persons have functional limitations. RULA Shows 24.8 percent persons have high risk.42.4 percent shows moderate to severe neck pain.
3.Instrument-assisted soft tissue mobilisation (IASTM) versus stripping massage (SM) for upper trapezius myofascial trigger points.-2020 [11]	-Haytham M. El-hafez, PhD, Hend A. Hamdy M.Sc Mary K. Takla PhD, Salah Eldin B. Ahmed PhD, Ahmed F. Genedy PhD and Al Shaymaa S. Abd EL-Azeim PhD. -Journal of Taibah University Medical Sciences	-40 - Randomised controlled trial	Group A took Instrument assisted soft tissue mobilisation using an M2T Blade combined with stretching exercise and Group B took Stripping massage with stretching exercise. Exercises are conducted twice weekly over 4 weeks and analyse pre and post treatments	Same level of improvements noted in both groups.
4. Effectiveness of Trigger Release with Ultrasound Therapy versus Positional Release with Ultrasound Therapy on Neck Pain and Cervical Range of Motion in Long-Term Computer Users with Upper Trapezitis - A Comparative Study - 2024[12]	-Surabi Somasundaram, Siyam Prakash Balamurugan, Pradeepa Mani and Sivakumar Chinnusamy. -International Journal of Childhood and Developmental Disorders.	-30 -Comparative study	Group A -Received trigger release with ultrasound therapy.Group B-Received positional release with ultrasound therapy.These therapy administer for a period of 3 times per week over 6 weeks.	Both groups shows improvements but Group A shows significant improvement than Group B.
5. Effectiveness of Acupressure Pen Versus TENS in Trapezitis: A Comparative Study- 2022 [13].	-Jeel S. Patel, Corresponding Author: Jayesh Thakrar. -International journal of scientific research.	-30 -Comparative study	Group A receive Conservative exercise and Acupuncture Pen therapy. Group B receive Conservative exercise and Transcutaneous Electrical Nerve Stimulation (TENS).	Both groups shows improvements but Group A shows significant improvement than Group B.
6. Efficacy of Therapeutic Massage (Dalk) with Dill Seed Oil in Management of Neck Pain -2023 [14].	Md Tanwir Alam. International journal of pharmamedix India	-50 - Observational study	The treatment comprises of 20-minute massage performed on the neck. The course of the massage is on every other day at first, then twice weekly for 11 weeks.	This study concludes massage with Dill seed oil is effective in both acute and chronic neck pain.
7. Active Neck Muscle	Jari Ylinen MD, Esa-Pekka	-180	Randomly assigned in 3	From this study strength

Training in the Treatment of Chronic Neck Pain in Women: A Randomized Controlled Trial -2003[15].	-----Takala MD, DMedSc,Matti Nykänen MD, DMedSc,Arja Häkkinen PhD, Esko Mälkiä PhD,Timo Pohjolainen. MD. DMedSc,Sirkka-Liisa Karppi. MSe,Hannu Kautiainen BA,Olavi Airaksinen MD, DMedSc. -Principle of scientific writing and biomedical pulication.	-Randomised controlled trial	groups with 60 in each group. 1 group is for strength training,1 group is for endurance training and other for control group. The intervention spanned for 12 months	training shows marked improvement in case of chronic neck pain. Additionally, the study emphasized that consistent training was crucial for maintaining long-term benefits.
8. Incobotulinum Toxin A with a One-year Long-lasting Effect for Trapezius Contouring and Superior Efficacy for the Treatment of Trapezius Myalgia 2022[16]	-Napamon Supornpun, Paisal Rummaneethorn Thamthiwat Nararatwanchai,Tawee Saiwichai, Sirinthip Chaichalotornkul. -Journal of cutaneous and aesthetic surgery.	-20 - Prospective clinical study.	Each subject was randomly assigned to one shoulder side to receive a split-shoulder injection of both forms of Botulinum toxin A. The injections were given at six different locations along the trapezius muscle under ultrasound guidance.	Incobotulinum toxin A shows significant effect in trapezius hypertrophy and pain reduction.
9. Randomized Controlled Trial of Pulsating Cupping (Pneumatic Pulsation Therapy) for Chronic Neck Pain -2011[17]	-Holger Cramer, Romy Lauche, Claudia Hohmanna,Kyung-Eun Choi, Thomas Rampp, Frauke Musiala.Jost Langhorst, Gustav Dobos. -Research in complementary medicine.	- 50 - Randomised controlled trial	Treatment group-Pneumatic pulsation therapy (moving cupping, stationary cupping) was administered. The control group -received regular medical care under their own direction.	individuals with persistent, nonspecific neck pain, pneumatic pulsation therapy is a safe and efficient way to improve physical performance, lessen pain intensity, and improve quality of life.
10. Summarizing the effects of different exercise types in chronic neck pain - a systematic review and meta-analysis of systematic reviews - 2023[18]	-Eva Rasmussen-Barr, Marie Halvorsen, Tony Bohman, Carina Bostrom1, Asa Dedering, Roman P. Kuster, Christina B. Olsson, Graciela Rovner, Elena Tseli, Lena Nilsson-Wikmar and Wilhelmus Johannes Andreas Grooten. -BMC Musculoskeletal Disorders.	-Meta analysis and systematic reviews	The benefits of various forms of exercise on chronic neck pain were compared by the authors through a systematic review and meta-analysis of previous systematic studies. Following PRISMA principles, they contained reviews and meta-analyses of studies on adult populations with chronic neck pain that lasted 12 weeks or longer, ranging in age from 18 to 70. Yoga, Pilates, resistance training, motor control exercises (MCE), and traditional Chinese exercises (TCE) were the categories they used to group exercise types and the GRADE technique was finally used to assess the results.	This study examined the impact of various forms of exercise on pain and disability by reviewing 25 systematic trials involving 17,321 participants. According to the results, yoga, Pilates, traditional Chinese exercises (TCE), and motor control exercises (MCE) all reduced pain and disability in the short term, but these benefits were not as noticeable in long run. Although it had no discernible effect on impairment, resistance training did dramatically lower discomfort. While there is moderate to high assurance regarding short-term benefits, the overall quality of the evidence varied, and there was little long-term data, particularly for yoga.

Result

A total of 40 article were assessed for the review out of which 18 were selected for the study. Among these 14 focused on alternative medicine while 4 were into invitro and *in vivo* studies in homoeopathy.

Discussion: Homoeopathic remedies such as Cimicifuga racemosa, Rhododendron chrysanthum, Rhus toxicodendron, Lachnanthus tinctoria, Guaiacum officinale, and Ferrum phosphoricum can treat musculoskeletal illnesses such as trapezitis. These medicines have been shown to be beneficial in relieving neck discomfort, stiffness, and inflammation in the trapezius muscles. Medicines are selected from individualization. Individualization is fixed by totality of symptoms and it differs from person to person. these are the small group of remedies which I mentioned above and still more medicines are available in homoeopathic materia medicas that can ameliorate trapezitis like symptoms.

Some medicines and use are as follows-Cimicifuga racemosa is particularly noted for relieving muscle soreness due to overuse, while Rhus toxicodendron is well-suited for pain that worsens with strain and exertion. Rhododendron chrysanthum and Lachnanthus tinctoria focus on reducing stiffness and discomfort, whereas Guaiacum officinale is linked to deep neck pain that radiates from the head. Ferrum phosphoricum is often indicated in the early stages of inflammation, useful in acute trapezitis cases [19, 20]. Although classical homeopathic texts emphasize the effectiveness of remedies, the lack of clinical research specifically addressing trapezitis is a notable gap. Nonetheless, both *in vitro* and*in vivo* studies support the anti-inflammatory properties of homeopathy, enhancing its scientific credibility. Since homeopathy aims to treat the individual rather than the disease, further clinical studies are essential to confirm its role. With the increasing prevalence of this condition, combining homeopathy with supportive therapies like massage, exercise, and physiotherapy may offer a comprehensive and effective treatment strategy.

Conclusion

The results of *in vitro* and*in vivo* studies indicate that homoeopathy has promise as an anti-inflammatory approach. Yet the fact that there are no clinical trials specifically dealing with trapezitis underlines the need for targeted study to confirm its value in this condition. Future work must have to be done in clinical trials to define their therapeutic value in trapezitis. In addition to this, the integration of homoeopathy with complementary therapies like physiotherapy, massage, and exercise can lead to a more integrated management strategy for trapezitis.

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